

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME <b>KIRA HEINRICH</b>			SSAN OR EMPLOYEE NUMBER			DEPARTMENT <b>GOV'S OFC</b>		
POSITION <b>DEP PRESS SECTY</b>			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS <b>STATE CAPITOL</b>			TELEPHONE NUMBER		
CITY <b>SACRAMENTO</b>	STATE <b>CA</b>	ZIP <b>95841</b>	CITY <b>SACRAMENTO</b>	STATE <b>CA</b>	ZIP <b>95814</b>			

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES	AMOUNT		
02-May	6PM	SAC-LA	125.50					353.40	AIR		20	10.00	9.95	498.85
03-May		LA-MOJAVE	90.72	2.75		10.10	6.00			9.90		0.00		119.47
04-May		MOJAVE-LB	143.88		3.97	18.00	6.00					0.00	35.69	207.54
05-May	4:30P	LB-SAC		6.00	10.00			90.14	RC	43.00	12	6.00	8.68	163.82
12-May	12:30P	SAC-DAVIS									16	8.00		8.00
12-May	3:30P	DAVIS-SAC									16	8.00		8.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			360.10	8.75	13.97	28.10	12.00	443.54	0.00	52.90	64	32.00	54.32	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$1,005.68	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  
 STAFF GS EVENTS IN LA, MOJAVE, LONG BEACH, AND DAVIS

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

SIGNATURE OF OFFICER APP

TRAVEL AND

DATE

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE